occur, and convey to him the nature of the uterine action. It is the practice of some to interfere : 1st, by traction on the funis ; 2nd, by external pressure from all sides towards the os. The latter process, known as Credé's method, has been taught and practiced for the last twenty-five years or longer. These methods are both unnecessary, because the process can be accomplished without their aid ; they are both wrong, because they tend to deliver the placenta prematurely, that is before sufficient contraction has set in, and therefore favour *post-partum* hæmorrhage. The method of traction on the cord being rarely practiced requires no comment. Credé's method is taught, considerably practiced, and lately warmly advocated, and that in all cases. When Credé's plan is practiced the placenta may be separated by the combined forces of the uterine effort and external pressure. But it is frequently detached by the external pressure alone, after separating a portion of the membranes which are liable to be retained. The placenta acts as a tampon, and as a stimulus while in the uterus and is of service until Nature's *tourniquet*, uterine contraction is ready. When the conditions are abnormal, such as strong adhesions, and strong uterine efforts fail to deliver in a reasonable time, then the method of Credé is valuable and will hasten expulsion. These cases are rare. It is the practice of this method in *every* case that is unjustifiable and dangerous. For ten years I practiced this method and had a large number of hæmorrhages. I was struck by the fact that in all the labours to which I was called and arrived late flooding had rarely occurred. Cases attended by midwives, who did not interfere, were nearly exempt. These facts caused me to abandon the method and to rely upon the natural process as already indicated; the result has been most satisfactory and convincing during the last seven years.

Dr. Garrigues, of New York, in a recent paper before the Academy of Medicine, strongly advocates Credé's method. His first statement is that it should be used in *all* cases. Amongst the advantages that he claims for it is the *prevention* of hæmorrhage, but proof of this assertion is not in the paper. In the discussion that followed, Mundé speaks of Crede's method as a very excellent one, and free from danger when carried out aright, but qualifies it thus :—" When carried too far it might cause too rapid expulsion and favour inertia." He still further modifies it by saying, " The placenta should not be expressed until it is detached, but the uterus should be made to contract by manipulation and separate it, then it could be expressed." This statement is true and sound practice, but it is not Credé's method. When the placenta is once detached it is a foreign body and may be safely expressed, even traction on the cord may be admissible.

Dr. Isaac C. Taylor said that he looked upon everything connected with childbirth as a physiological process, and thought we should not interfere with this process. Nature's method was to wait twenty minutes or even an hour. She was fatigued and needed rest. We should not compel her at once to renew her efforts to deliver the placenta. Medical opinion abroad is not now so favourable as formerly. Hofmeyer in a report on Obstetrics and Gynæcology in Germany, says :—" It is unquestionable that a certain reaction has set in against the method of the immediate expression of the placenta after labour introduced by Credé twenty or thirty years ago. As long as twelve or eighteen months ago various voices have been raised, Runge, Dohrn, Schultze, and others, calling attention to the disadvantages of an over hasty expression of the placenta, so that Credé himself has been inclined to again carefully limit the procedure introduced by him. Quite recently the manifold dangers of this method have been very minutely exposed by Attfield, chiefly the liability to secondary hæmorrhage and the retention of membranes. At the meeting of German Physicians at Freyburgh, I had the opportunity of hearing Hegar and Freund prefer an almost absolute expectancy to Credé's method. "

When uterine inertia exists not due to fatigue, ergot is our most reliable stimulant, in addition to external manipulation. Sometimes the contractions produced by its use are irregular—a portion being contracted, another quite lax, so that the placenta becomes partially or completely encysted, and is not liberated until the influence of the ergot has passed away, or the hand has been introduced to remove it. As a rule it is best to abstain from its use until the uterus is emptied, then a full dose may be administered to keep up contraction, the hand in the meantime being retained until its effects are manifest, the patient can then be left in safety, and much done to prevent puerperal fever.